DATEALT ADDI LO ATION SEE DETERMINATION SEE									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10735207				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR		THAN ENTITY	
TOTAL CLAIMS			14		-			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			Úminus 20=		•		Ì	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			) minus 3 =					X43=		OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				ı	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	<del>†</del>	OR	TOTAL	772	
V 160 CLAIMS AS AMENDED - PART II										10	OTHER	THAN	
_	116	(Column 3)	_	SMALL	ENTITY	OR	SMALL						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 10	Minus	**	Ŋ	=		X\$ 9=		OR	X\$18=	·	
	Independent			***	3	- 4		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+145=	1	OR	+290=		
	•	\$ 24%\ >						TOTAL	<del>                                     </del>	1	TOTAL		
•	•	A	DDIT. FEE		OR	ADDIT. FEE							
m		(Column 1) CLAIMS		(Colun	EST	ST			ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total ·	*	Minus	44.		=		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***		8	r	X43=		OR	X86=		
	FIRST PRESE		<b> </b>	-		UH							
								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR.	TOTAL ADDIT, FEE		
	\				_		<u>.</u>						
AMENDMENT C	1/11/67	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 52	Minus	# S				X\$ 9=		OR	X\$18=		
AME	Independent	dependent & Minus				r	X43=	·	OR	X86=			
لبا	FIRST PRESE	+	+145=										
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
***	**If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								السسسا		TOTAL ODIT. FEE		
•	The "Highest Num	ber Previously Pai	For (Total or	Independe	nt) is the	highest number (	foun	d in the app	oropriate box	in colu	ımn 1.		